Candidate Acceptance of Designation State Representative	Office Use Only:
Complete, sign, and return this form to the Colorado Secretary of State no later than 4 days after adjournment of the assembly. Please type or print legibly.	
Office Information State Representative, District # Qualifications for Office (You must check each box to affirm that you meet the qualification At least 25 years old	ons for this office)
Candidate Information	
Full Legal Name	
Name <u>exactly</u> as it will appear on the official ballot	
Residence & Mailing Address	
Residence Street Address	
City State CO Zip Code	
Mailing Street Address	
City State Zip Code	
Telephone & E-mail Address	
Business Phone # Extension	
Residence Phone # E-mail Address	
Campaign Website (optional)	
Website	
Voter Registration Information	
Year of Birth County of Registration	
Party Affiliation Date of Affiliation	
Signature Applicant's Affirmation I accept the nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.	
Signature of Candidate Date of Signing	
Colorado Secretary of State 1700 Broadway, Suite 550 Denver, Colorado 80290 Rhone: (302) 894 3200	

Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: <u>ballot.access@coloradosos.gov</u>

SOS Revised January 6, 2022 Sections 1-4-601 & 1-4-1304, C.R.S.